

But the Marriage Penalty and Family Tax Relief Act does more than just allow American families to keep a larger percentage of their earned money. It would also help keep families together. With nearly 50 percent of marriages ending in divorce today, we certainly should not penalize couples who stay together. Rather, we should do everything we can to alleviate the economic constraints which hinder their ability to build a family and a lasting relationship.

Mr. Speaker, let us give American families a fighting chance. I urge my colleagues to support the Marriage Penalty and Family Tax Relief Act when it comes to the floor tomorrow. I thank again the leadership for bringing this issue before us and making sure we have the full support of the leadership ranks and Members from both sides of the aisle who want to do right for the working families of our Nation.

#### CALLING FOR CONGRESSIONAL ACTION ON HUMAN RIGHTS VIOLATIONS IN SUDAN

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from the District of Columbia (Ms. NORTON) is recognized for 5 minutes.

Ms. NORTON. Mr. Speaker, I have just come from a subcommittee hearing of a subcommittee of the Committee on International Relations, on which I do not serve, but the Chair and the ranking member were kind enough to afford me the courtesy of sitting at a hearing today on Sudan.

I come to the floor today as part of the effort of an increasing number of Members to draw to the attention not only of the House, but of the country the need to step forward on slavery, genocidal war, bombing of humanitarian workers, and forced conversions of Christians and animists to Islam, the worst litany of human rights violations in the world today.

The world is full of human rights violations. We have spoken up on many of these violations, and done much on many of them. We have not been able to get hold of this atrocious situation, although this House and the Senate have almost unanimously condemned these violations in Sudan.

The gentleman from New Jersey (Mr. PAYNE), the ranking member of the subcommittee, and I had a 1-hour special order last year. No Members joined us then, but just this week the multilateral, the gentleman from Texas (Mr. ARMEY), and a bipartisan group of Members held a press conference on Sudan indicating that this House, Members from both aisles, indeed, are not going to sit still for the outrage in Sudan without moving forward.

We have a new Caucus on Sudan chaired by the gentleman from New Jersey (Mr. PAYNE) and the gentleman from Virginia (Mr. WOLF), perfectly bipartisan in nature. Soon another resolution from the House condemning the violations in Sudan will come forward.

Thus far the most dramatic response has been that schoolchildren have bought other children and women out of slavery in Sudan. As important as that is for drawing attention to the atrocities in Sudan, it is hardly a grown-up response to what is happening in southern Sudan.

At the hearing today and among all of those concerned, we hear a plethora of responses. It is important to settle in on some immediate as well as long-term responses.

Everyone knows that related to the long-term responses to stop the war in Sudan, what leads to the slavery, what leads to the genocidal bombings, is the search for oil by Khartoum, bombing its own people in the south to depopulate it so it could get to that oil without sharing it with the entire country.

But in the meantime, there are a number of things we can do. Surely we need to bypass the Khartoum Government and use religious organizations and nongovernmental organizations in order to get food aid and medical and other assistance to the people of southern Sudan.

Surely we now in this country ought to be leading the United Nations toward a condemnation of the war of the north against the south. There are some who want a no-fly zone, although I do understand that the problem there is that it could engage us in hostilities with Khartoum.

We may not be there yet, and perhaps we should not get there, but we cannot sit still for what is going on in Sudan.

Recently I signed on to a letter circulated by the gentleman from Virginia (Mr. WOLF) for a special envoy so we could begin to restart diplomatic relations. President Clinton had a high-level special envoy. President Bush says he is not partial to special envoys. Yet if this is a way to try to break into this outrageous situation, then so be it.

What we must do this session is move beyond what we did last session: a special order by the gentleman from New Jersey (Mr. PAYNE) and I on the floor, a resolution by the House and Senate condemning the bombings. This is a very complicated situation, and we cannot stop the war of the north against the south in Sudan. We cannot eliminate slavery through some emancipation proclamation from the United States. We cannot go and buy children and women out of slavery. We cannot stop the worst conversions.

But we are the strongest power in the world. We have got to find a way to use that power to stop the war in Sudan, or at least to get a cease-fire so we can begin to pull the sides apart and help restart that country toward a democracy.

#### COMMUNITY HEALTH CENTERS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Illinois (Mr. DAVIS) is recognized for 5 minutes.

Mr. DAVIS of Illinois. Mr. Speaker, I rise today to discuss an important component of our health care delivery system. Community health centers for 35 years have undergirded the primary health care movement in this country. They have provided access to quality, affordable primary and preventative health care, regardless of a patient's ability to pay. They have been a safety net for millions who otherwise would not have been able to afford health insurance.

Community health centers are the family doctor, the health care home for over 11 million low-income patients nationwide, including over 7 million minorities.

We talk about health care in macro terms, but when we really think about it in micro terms, day to day, it really is the vast network of more than 3,000 community-based health care center sites operating in urban and rural communities that make sure our citizens are healthy. They deliver top-rate health care with highly trained, culturally competent health professionals.

Across the Nation, health centers are staffed by more than 6,000 physicians, thousands of nurses, dentists, and other health professionals and volunteers. Health centers provide health education, community outreach, transportation, and other support programs in schools, public housing, and homeless shelters.

Community health centers have done an outstanding job of controlling costs. For the past 35 years, they have provided quality, cost-effective primary and preventive care to the hardest-to-reach populations, where they are most needed, for less than 76 cents per day for each person health centers serve. That is how they have controlled costs.

In my congressional district, there are 24 health center delivery sites. Each of them are jewels. They are cost-effective, responsive to community needs, and the patients just love them.

Unfortunately, they, along with health centers throughout the country, are facing severe challenges which jeopardize their ability to continue providing services for those most in need. For example, approximately 46 percent of Illinois health center patients are uninsured. That number is rising, while the Federal grants to address the health needs of this population remain stagnant.

The bulk of health center patients' uninsured populations are working families who, for a variety of reasons, cannot afford health care for their families. The cost to health centers of providing this care cannot be recouped by them and falls into the category of uncompensated or free care, which is quickly becoming the number one factor jeopardizing Illinois health centers.

Also, nationally there are more than 43 million who are without health insurance. That number is projected to increase to more than 50 million by 2007.